

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tacotaco ARCH	CHAPTER 100.1
Address: 1017 Ala Lehua Street, Honolulu, Hawaii 96818	Inspection Date: April 3, 2019

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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STATE LICENSING  
APR 16 2019

APR 16 10:17

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets.  <b>FINDINGS</b> Resident #1 - "DASH diet" ordered 12/21/18 was not provided.	<div style="text-align: center;">PART 1</div> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</b></p> <p>Yes, I corrected the deficiency by having the Physician Record to the physician asking for clarification on the diet ordered Regular w/ Dash diet. Physician advised that the DASH diet is the most summary and wrote REGULAR DIET and signed. The physician Record and corrected diet order on the summary were signed by the doctor and passed back to me. Resident #1 is on REGULAR DIET.</p>	4/15/19

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19 APR 16 PM 17

STATE OF NEW YORK  
DEPT. OF HEALTH  
STATE BUREAU

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.  <b>FINDINGS</b> Resident #1 - "DASH diet" ordered 12/21/18 was not provided.	<p align="center"><b>PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN:</b></p> <p>Office visit summary is given by one physician after each visit. I need to read and check what is written in the summary especially on diet orders. Physicians should discuss diet orders with the patient and caregiver before writing orders. Check if the diet order is updated, change or revised and clarify the doctor so it will be provided to the resident.</p>	<p align="center">4/15/19</p>

19 APR 16 MO 17

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - No physician order for "Ciprofloxacin HCl tablet 250 mg 1 tab po every 12° for 3 days" recorded on the October 2018 medication record. The medication was taken 10/12-14/18.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">19 APR 16 MD:18</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - No physician order for "Ciprofloxacin HCl tablet 250 mg 1 tab po every 12° for 3 days" recorded on the October 2018 medication record. The medication was taken 10/12-14/18.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have to make sure the physician 4/15/19 writes the orders for medications and supplements in the Physician Record for the resident including medications called in at the Pharmacy. I will get verbal order or telephone order from the doctor and get it recorded in the Physician Record. I am for it or have it signed by the physician in next visit.</p>	<p style="text-align: right;">19 APR 16 AM 18</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(4) During residence, records shall include:  Entries describing treatments and services rendered;  <u><b>FINDINGS</b></u> Resident #1 - "Cold pack up to 20 minutes few times a day until swelling goes down" ordered 1/18/19; however, there was no documentation that the treatment was provided or refused.	<p align="center"><b>PART 1</b></p> <p align="center"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"><i>I am unable to correct the deficiency.</i></p>	<p align="center">4/15/19</p>

STATE OF MARYLAND  
 BOH-0100A  
 STATE LICENSING

'19 APR 16 MO:18

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(4) During residence, records shall include:  Entries describing treatments and services rendered;  <u>FINDINGS</u> Resident #1 - "Cold pack up to 20 minutes few times a day until swelling goes down" ordered 1/18/19; however, there was no documentation that the treatment was provided or refused.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  <u>FUTURE PLAN</u>  <i>Read the discharge instructions from ER. Follow instructions and document the treatments provided. If resident refuses, then document.</i>	4/15/19  STATE OF HAWAII BOH DIVISION STATE LICENSING APR 16 10:18 AM '19

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Licensee's/Administrator's Signature:

*Christa A. Tacotaco*

Print Name:

Christa A. Tacotaco

Date:

April 15, 2019

STATE OF HAWAII  
BOH-0400A  
STATE LICENSING

19 APR 16 AM 0:18

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